

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA

IN RE:

BETTY RUTH GENTRY
6127 WEANT RD
ARCHDALE, NC 27263CASE NO. 20-10211
JUDGE BENJAMIN A. KAHN

DEBTOR

SSN(1) XXX-XX-4899

DATE: 10/28/2020

REPORT OF FILED CLAIMS

Pursuant to 11 U.S.C. §704(5), the trustee has examined the proofs of claims filed in this case and objected to the allowance of such claims as appeared to be improper except where no purpose would have been served by such objection. After such examination and objections, if any, the trustee states that claims should be deemed allowed or "not filed" as indicated below.

NAME & ADDRESS OF CREDITOR	AMOUNT	CLASSIFICATION
AMERICAN EXPRESS NATIONAL BANK % ZWICKER & ASSOCIATES OC 80 MINUTEMAN RD ANDOVER, MA 01810-0181	\$1,353.43 INT: .00% NAME ID: 181788 CLAIM #: 0014	(U) UNSECURED ACCT: 1009 COMMENT:
BANK OF AMERICA NA P O BOX 15102 WILMINGTON, DE 19886-5102	\$11,806.93 INT: .00% NAME ID: 173370 CLAIM #: 0011	(U) UNSECURED ACCT: 0878 COMMENT:
DISCOVER BANK DISCOVER PRODUCTS INC P O BOX 3025 NEW ALBANY, OH 43054	\$684.30 INT: .00% NAME ID: 153461 CLAIM #: 0019	(U) UNSECURED ACCT: 6027 COMMENT:
INTERNAL REVENUE SERVICE P O BOX 7346 PHILADELPHIA, PA 19101-7346	\$0.00 INT: .00% NAME ID: 123770 CLAIM #: 0001	(P) PRIORITY NOT FILED ACCT: 4899 COMMENT:
LVNV FUNDING LLC % RESURGENT CAPITAL SERVICES P O BOX 10587 GREENVILLE, SC 29603-0587	\$3,949.22 INT: .00% NAME ID: 43307 CLAIM #: 0008	(U) UNSECURED ACCT: 4383 COMMENT: CITIBANK
LVNV FUNDING LLC % RESURGENT CAPITAL SERVICES P O BOX 10587 GREENVILLE, SC 29603-0587	\$2,744.35 INT: .00% NAME ID: 43307 CLAIM #: 0009	(U) UNSECURED ACCT: 2772 COMMENT: CITIBANK
LVNV FUNDING LLC % RESURGENT CAPITAL SERVICES P O BOX 10587 GREENVILLE, SC 29603-0587	\$4,367.06 INT: .00% NAME ID: 43307 CLAIM #: 0010	(U) UNSECURED ACCT: 1686 COMMENT: CITIBANK
MIDFIRST BANK 999 NW GRAND BLVD STE 100 OKLAHOMA CITY, OK 73118	MONTHLY PMT \$1,089.01 INT: .00% NAME ID: 16063 CLAIM #: 0004	(H) ONGOING-SECURED ACCT: 8396 COMMENT: DT RERP, CTD EFF AUG20,720TFCL

PAGE 2 - CHAPTER 13 CASE NO. 20-10211

NAME & ADDRESS OF CREDITOR	AMOUNT	CLASSIFICATION
MIDFIRST BANK 999 NW GRAND BLVD STE 100 OKLAHOMA CITY, OK 73118	\$1,444.05 INT: .00% NAME ID: 16063 CLAIM #: 0005	(H3) PRE-PETITION ARREARAGE-SECURED ACCT: 8396 COMMENT: ARR THRU FEB20,720TFCL
MIDFIRST BANK 999 NW GRAND BLVD STE 100 OKLAHOMA CITY, OK 73118	\$5,445.05 INT: .00% NAME ID: 16063 CLAIM #: 0006	(H1) POST-PETITION ARREARAGE-SECURE ACCT: 8396 COMMENT: ARR MAR THRU JUL20,720TFCL
MIDFIRST BANK 999 NW GRAND BLVD STE 100 OKLAHOMA CITY, OK 73118	\$350.00 INT: .00% NAME ID: 16063 CLAIM #: 0021	(H2) POST-PETITION FEES-SECURED ACCT: 8396 COMMENT: POST PET FEE
MIDLAND FUNDING LLC % MIDLAND CREDIT MGMT INC P O BOX 2011 WARREN, MI 48090	\$822.47 INT: .00% NAME ID: 154854 CLAIM #: 0012	(U) UNSECURED ACCT: 5589 COMMENT: JCP
MIDLAND FUNDING LLC % MIDLAND CREDIT MGMT INC P O BOX 2011 WARREN, MI 48090	\$2,364.06 INT: .00% NAME ID: 154854 CLAIM #: 0013	(U) UNSECURED ACCT: 2795 COMMENT: CARE CREDIT
N C DEPARTMENT OF REVENUE BANKRUPTCY UNIT P O BOX 1168 RALEIGH, NC 27602-1168	\$0.00 INT: .00% NAME ID: 9699 CLAIM #: 0002	(P) PRIORITY NOT FILED ACCT: 4899 COMMENT:
N C HOUSING FINANCE AGENCY 3508 BUSH ST RALEIGH, NC 27609	\$0.00 INT: .00% NAME ID: 45097 CLAIM #: 0007	(S) SECURED DIRECT PAY ACCT: 9373 COMMENT: DT,RP,DIR
PORTFOLIO RECOVERY ASSOC LLC P O BOX 12914 NORFOLK, VA 23541	\$8,402.03 INT: .00% NAME ID: 68146 CLAIM #: 0016	(U) UNSECURED ACCT: 1267 COMMENT: FIFTH THIRD BANK
PROFESSIONAL RECOVERY CONSULTANTS INC 2700 MERIDIAN PKWY STE 200 DURHAM, NC 27713	\$0.00 INT: .00% NAME ID: 113025 CLAIM #: 0017	(U) UNSECURED NOT FILED ACCT: 6295 COMMENT: WAKE FOREST BAPTIST HEALTH
QUANTUM3 GROUP LLC AS AGENT FOR CROWN ASSET MANAGEMENT LLC P O BOX 788 KIRKLAND, WA 98083	\$602.68 INT: .00% NAME ID: 146921 CLAIM #: 0015	(U) UNSECURED ACCT: 4150 COMMENT: COMENITY BANK
RANDOLPH CO REGISTER OF DEEDS P O BOX 4458 ASHEBORO, NC 27204	\$52.00 INT: .00% NAME ID: 1541 CLAIM #: 0020	(Z) SPECIAL COST ITEM ACCT: COMMENT:
RANDOLPH COUNTY TAX 725 McDOWELL RD ASHEBORO, NC 27205	\$0.00 INT: .00% NAME ID: 9626 CLAIM #: 0003	(P) PRIORITY NOT FILED ACCT: COMMENT:

PAGE 3 - CHAPTER 13 CASE NO. 20-10211

NAME & ADDRESS OF CREDITOR	AMOUNT	CLASSIFICATION
WAKE FOREST BAPTIST HEALTH MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	\$0.00 INT: .00% NAME ID: 152268 CLAIM #: 0018	(U) UNSECURED NOT FILED ACCT: 6770 COMMENT:
TOTAL:	\$45,476.64	
B PETER JARVIS ESQ TENNANT LAW OFFICES PC 10821 N MAIN ST P O BOX 4585 ARCHDALE, NC 27263	\$4,500.00	ATTORNEY FEE

ANITA JO KINLAW TROXLER,
TRUSTEE
500 W FRIENDLY AVE STE 200
P O BOX 1720
GREENSBORO, NC 27402-1720

NOTICE OF FILING OF REPORT OF FILED CLAIMS

The foregoing Report of Filed Claims has been filed with the Bankruptcy Court based on an audit of claims filed in the Trustee's office. The claims are allowed unless objection is made by the Debtor or other party in interest.

Any objection to a claim should be filed in writing with the Bankruptcy Court at the address below and a copy must be served on the Trustee:

Clerk, U.S. Bankruptcy Court
101 S. Edgeworth Street
P.O. Box 26100
Greensboro, NC 27420-6100

If an objection is filed, a hearing will be scheduled before the Court. The Trustee will continue making disbursements on the claims unless an objection is filed.

Date: 10/28/2020

OFFICE OF THE CHAPTER 13 TRUSTEE

By: /s/ Gayle McFarland
Clerk
Chapter 13 Office
500 W FRIENDLY AVE STE 200
P O BOX 1720
GREENSBORO, NC 27402-1720

cc: Debtor
Attorney for Debtor - Electronic Notice